

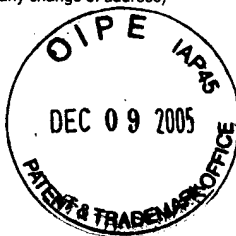
Or Fax

501.38380CX1

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 020457 7590 09/09/2005

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12/12/2005 MBEYENE2 00000035 10779743

01 FC:1501 1400.00 DP
 02 FC:1504 300.00 DP

020(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/779,743	02/18/2004	Tetsuya Kawamura	501.38380CX1	2058
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TITLE OF INVENTION: DISPLAY DEVICE WITH SIGNAL LINE EXTENDED FROM DISPLAY AREA TO PERIPHERAL AREA BEING COVERED IN PERIPHERAL AREA

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE (S) DUE	DATE DUE
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Nonprovisional	NO	\$1400	\$300	\$1700	12/09/2005
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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QI, ZHI QUIANG	2871	349-149000
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1. Change of correspondence address or indication of "Fee Address: (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB?122 attached.
 agents OR, alternatively,
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys **1 ANTONELLI, TERRY, STOUT AND KRAUS, LLP.**
 Or agents OR, alternatively,
 (2) the name of single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

HITACHI, LTD.

TOKYO, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☐ A check in the amount of the fee(s) is enclosed.
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Deposit Account Number **01-2135** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.
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Authorized Signature Melvin Kraus

Date: **DECEMBER 9, 2005**

Typed or printed name **Melvin Kraus**

Registration No. **22,466**

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